

# **Excellence in Care Integration**

## **Catawba Valley Behavioral Healthcare (CVBH) – Integrated Care Program**

### **Partners Behavioral Health Management**



#### **Caring for Faith**

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) "People with mental and substance abuse disorders may die decades earlier than the average person — mostly from untreated and preventable chronic illnesses like hypertension, diabetes, obesity, and cardiovascular disease...Barriers to primary care, coupled with challenges in navigating complex healthcare systems, have been a major obstacle to care."

Because of the difficulty that some may face in receiving whole person care, Partners Behavioral Health Management took steps to remedy this by partnering with Catawba Valley Behavioral Healthcare (CVBH) to create an Integrated Care Program. Here is the experience of just one individual.

Faith is a single mother in her forties who did not have a primary care provider and had not had any lab work completed in several years. She was seeing a therapist at one of the CVBH outpatient clinics complaining of fatigue, tiredness, no interest in getting out of bed or being around other people. Faith was not able to take care of herself or her children due to her physical symptoms. She was diagnosed with depression, but was not responding to counseling and medication. It was clear something else might be going on with Faith physically.

Faith was referred by the therapist to the CVBH integrated care program. CVBH became her new medical home and her new primary care physician completed a physical and routine lab work. The lab work indicated that Faith had a hemoglobin level of 7.5 and was in need of an immediate blood transfusion. Once the transfusion was completed, the physician worked to identify the source of the blood loss. They found Faith had a peptic ulcer which was draining her blood levels and immediately started treatment.

Today, Faith is feeling much better as a result of the integrated care she received. She is able to participate in a wellness program with peer support, she has lost weight and is much more physically active. The medication for depression has been adjusted and she is responding to therapy. Most importantly, Faith is now able to care for her children and is active in their lives. She also volunteers at the children's school and church and takes an active interest in her community.

#### **About the Program**

CVBH Integrated Care Program was established to provide comprehensive whole person care at the Burke and Catawba County outpatient clinics through the onsite provision of assessment and counseling, psychiatric services and medication, a primary medical home, substance abuse treatment and peer support services. The objective of the agency is to "see" the whole person when a consumer walks through the door at CVBH's outpatient clinics and put in place all of the services needed to support that consumer in their journey to better health. The program works in collaboration with area hospitals and other primary care providers, CCNC, care homes and day programs and receives referrals for consumers who need a holistic integrated approach to care that increases supports and removes barriers. CVBH also partners with an on-site pharmacy and provided \$1.4 million in medication during the last program year.

The CVBH Integrated Care Program was designed with input from the primary original funding partners including The Duke Endowment, Kate B. Reynolds Foundation and Partners Behavioral Health Management.

For more information, contact Partners Chief Public Relations Officer, Wendy Bartlett at [wbartlett@partnersbhm.org](mailto:wbartlett@partnersbhm.org)

## In Their Words *Kenny House, Clinical Director at Coastal Horizons*

**C**OASTAL HORIZONS (CH) has worked in the field for over 40 years. Their continuum of care addresses crisis intervention, sexual assault, criminal justice alternatives, prevention, and outpatient treatment for substance use and mental health disorders.

Based in Wilmington, they provide services across Eastern North Carolina through outpatient treatment services (OTS) based in New Hanover, Pender, and Brunswick counties. CH maintains an active caseload of approximately 500 patients in New Hanover, where Primary Care Clinic (PCC), their reverse co-location model of integrated care, is located.

### Q. HAVE FLUCTUATING REGULATIONS AND FUNDING AFFECTED THE WORK YOU DO?

A. Instability and changes in NC's system of care, along with difficult economic factors, systemic demands, and the growing need for services make it very difficult for mission-driven organizations like ours to survive, when they have not yet been adequately balanced by financial and technical resources.

### Q. WHAT BENEFITS HAVE YOU SEEN FROM YOUR INTEGRATION WORK?

A. PCC provides primary health care services to individuals receiving OTS in Wilmington. We have established "medical homes" for a population that is 85% uninsured, and who have not seen a healthcare professional (other than for emergency care) for over two years.

We have already seen some individuals benefit from addressing primary and behavioral health care needs in an integrated fashion. We watched as a patient's blood pressure was brought under control over a six-week period, while concurrently their treatment participation increased and drug testing results confirmed the absence of drugs used previously. Organizationally, we are in the process of shifting from a fragmented culture of care to a commitment to integration.



Kenny House, Clinical Director at Coastal Horizons

### Q. HOW HAS YOUR WORK CREATED LONG-LASTING CHANGE IN YOUR COMMUNITY?

A. Coastal Horizons is "at the table" in the community where the integration of care message is being listened to, and where attempts are being made to implement integration. Our staff participates in meetings and trainings with staff from the hospital, our Community Health Center/FQHC, and the regional CCNC affiliate training.

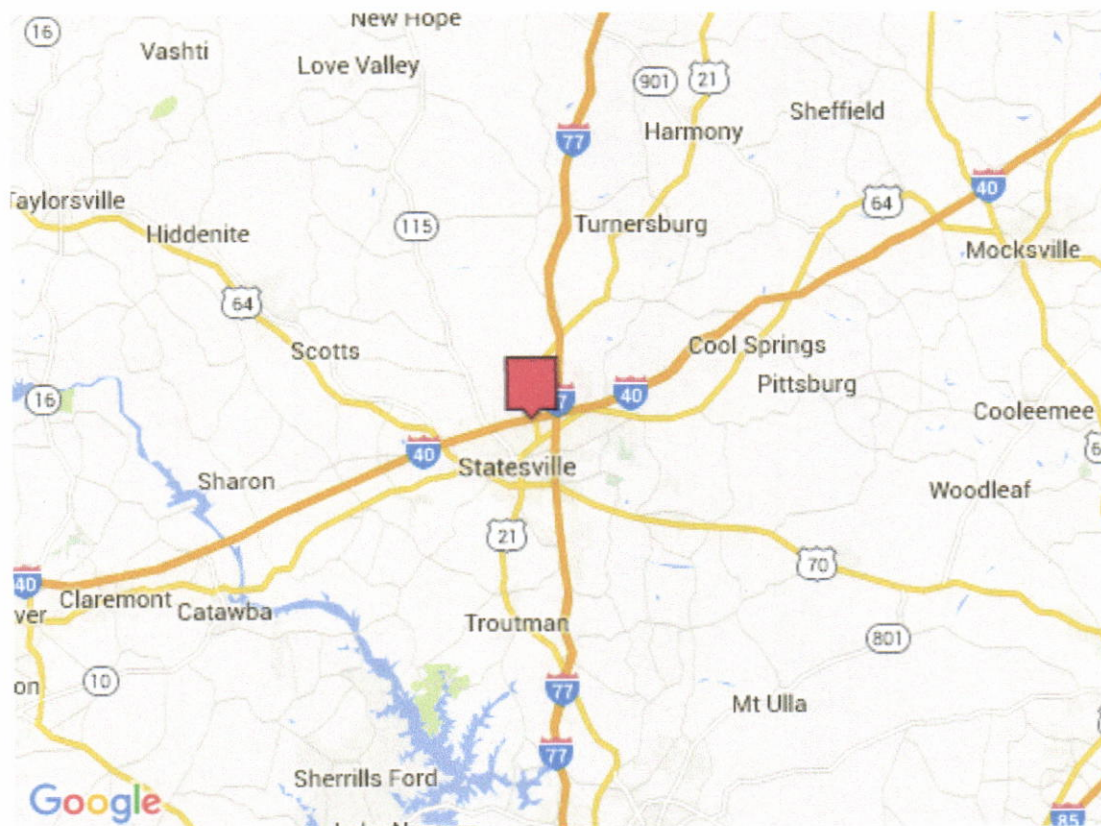
We also work with other like-minded organizations like Wilmington Health Access for Teens (WHAT) and Cape Fear Health Net brainstorming ways to overcome barriers.

### Q. WHAT SPECIFIC VARIABLES DO YOU USE TO MEASURE YOUR IMPACT?

A. Initially, our goals are for a higher percentage of our OTS population to access PCC and establish a medical home, with the reverse co-location approach reaching 250 new patients annually. As we progress, we hope to better measure their primary and behavioral health symptom reduction, and demonstrate that this approach results in reduced utilization of hospital and emergency care — especially where preventable.

**"We are in the process of shifting from a fragmented culture of care to a commitment to integration."**

**—Kenny House, Clinical Director at Coastal Horizons**

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